

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 012 ***150.00

0034476 AV

DOCUMENT # P97000068347

1. Entity Name
FEMCO PROPERTY SERVICES, INC.



Principal Place of Business
3921 WINDRIDGE COURT
JACKSONVILLE FL 32257

Mailing Address
P.O. BOX 81572
JACKSONVILLE FL 32238

2. Principal Place of Business

505 KETTERING WAY
Suite, Apt. #, etc.

3. Mailing Address

505 KETTERING WAY
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ORANGE PARK FL

City & State
ORANGE PARK FL

4. FEI Number
59-3465816

Applied For
Not Applicable

Zip
32073

Country
CLAY

Zip
32073

Country
CLAY

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, ROBERT D
3021 WINDRIDGE COURT
JACKSONVILLE FL 32257

Name
ROBERT PRICE
Street Address (P.O. Box Number is Not Acceptable)
505 KETTERING WAY

City
ORANGE PARK **FL** **Zip Code**
32073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Price*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

042903
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ **Delete**
NAME
PRICE, ROBERT D
STREET ADDRESS
634 BUCKINGHAM CT.
CITY-ST-ZIP
ORANGE PARK FL 32073

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D ☐ **Delete**
NAME
PRICE ROBERT D
STREET ADDRESS
505 KETTERING WAY
CITY-ST-ZIP
ORANGE PARK FL 32073

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Price* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042903

Date

Daytime Phone #

CR2E034 (10/02)